



**BOARD OF PSYCHOLOGY**  
 1625 North Market Blvd., Ste N-215  
 Sacramento, CA 95834  
 (916) 574-7720  
 www.psychboard.ca.gov



# APPLICATION TO EMPLOY A PSYCHOLOGICAL ASSISTANT

*(Pursuant to Section 2913 of the Business and Professions Code)*

*(Please type or print clearly)*

**Application Fee: \$40.00**

## SECTION I. (Personal Data)

\_\_\_\_\_  
 Last First Middle Initial Jr., Sr., I, II

**ALIASES** – Please list all other names by which you have been known. (If more than two, use an additional sheet of paper.)

\_\_\_\_\_  
 Last First Middle Initial Jr., Sr., I, II

\_\_\_\_\_  
 Last First Middle Initial Jr., Sr., I, II

**RESIDENCE ADDRESS** – (This address will be used for all correspondence throughout the application process.)

\_\_\_\_\_  
 Number and Street

\_\_\_\_\_  
 City State Zip Code

Email Address \_\_\_\_\_

\_\_\_\_\_  
 Message/Day Phone Number Residence Phone Number Social Security No.<sup>1</sup> / / Date of Birth

**This Psychological Assistant application is based upon:**  
*(Check one response only)*

☐ Master's Degree

☐ Admission to Candidacy (Registrar's letter required)

☐ Doctoral Degree

School \_\_\_\_\_

Description of degree \_\_\_\_\_

Date awarded/admitted \_\_\_\_\_

<sup>1</sup> Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## SECTION II. EMPLOYER

<input type="checkbox"/> A. Licensed Psychologist*	<input type="checkbox"/> D. Psychology Clinic
<input type="checkbox"/> B. Board-Certified Psychiatrist*	<input type="checkbox"/> E. Psychological Corporation
<input type="checkbox"/> C. Bronzan-McCorquodale (Short-Doyle) Contract Clinic	<input type="checkbox"/> F. Medical Corporation

**NAME OF EMPLOYER**

\_\_\_\_\_  
Last                      First                      Middle Initial                      Jr., Sr., I, II

If registering to an agency, name of Clinic/Corporation:

\_\_\_\_\_

**ADDRESS OF EMPLOYER** (*If employer is a licensed psychologist or board-certified psychiatrist, this must be the Address of record as it appears on his/her current wallet certificate.*)

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City                      State                      Zip Code

E-mail Address \_\_\_\_\_ License/Corporation #: \_\_\_\_\_

\_\_\_\_\_

Social Security/FEIN                      Business Telephone Number

### SECTION III. SUPERVISOR

<b>NAME OF SUPERVISOR</b>			
Last	First	Middle Initial	Jr., Sr., I, II
Supervisor is (check one):			
<input type="checkbox"/> Licensed Psychologist	<input type="checkbox"/> Board-certified psychiatrist (Board-certified in psychiatry by the American Board of Psychiatry and Neurology)		
<b>ADDRESS OF SUPERVISOR: This must be the address of record as it appears on the supervisor's current wallet certificate.</b>			
Number and Street			
City	State	Zip Code	
E-mail Address		Telephone Number	
Social Security No.		License Number	

## PSYCHOLOGICAL ASSISTANT QUESTIONNAIRE

### SECTION IV. PSYCHOLOGICAL ASSISTANT APPLICATION HISTORY

☐ Yes  
☐ No

Are you presently registered as a psychological assistant? If yes, list name(s) of supervisor(s)

\_\_\_\_\_

☐ Yes  
☐ No

Other than the above, have you ever been registered, or have you ever filed an application to register as a psychological assistant? ***If yes, when?*** \_\_\_\_\_

☐ Yes  
☐ No

Are you currently registered, were you previously registered, or have you ever filed an application to register to engage in psychological activities under section 2909(d) of the Business and Professions Code (Registered Psychologist)? ***If yes, when?*** \_\_\_\_\_

☐ Yes  
☐ No

Have you previously filed an application for a psychology license with the board? ***If yes when?*** \_\_\_\_\_

\_\_\_\_\_

### SECTION V. CONVICTION / LICENSE DISCIPLINARY ACTION

☐ Yes  
☐ No

Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) ***If yes, complete the Conviction/License Disciplinary Action Form.***

☐ Yes  
☐ No

Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? ***If yes, complete the Conviction/License Disciplinary Action Form.***

☐ Yes  
☐ No

Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? ***If yes, complete the Conviction/License Disciplinary Action Form.***

☐ Yes  
☐ No

Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? ***If yes, complete the Conviction/License Disciplinary Action Form.***

☐ Yes  
☐ No

Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? ***If yes, complete the Conviction/License Disciplinary Action Form.***

☐ Yes  
☐ No

Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? ***If yes, complete the Conviction/License Disciplinary Action Form.***

### SECTION VI. FITNESS FOR PRACTICE

☐ Yes  
☐ No

Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? ***If yes, please explain on a separate sheet of paper.***

☐ Yes  
☐ No

Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? ***If yes, please explain on a separate sheet of paper.***

☐ Yes  
☐ No

Are you currently engaged in the illegal use of controlled dangerous substances, or have you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to practice psychology (within the past two years)? ***If yes, please explain on a separate sheet of paper.***

# SUPERVISOR QUESTIONNAIRE

## SECTION VII. CONVICTION / LICENSE DISCIPLINARY ACTION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>

## SECTION VIII. FITNESS FOR PRACTICE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently engaged in the illegal use of controlled dangerous substances, or have you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to practice psychology (within the past two years)? <i>If yes, please explain on a separate sheet of paper.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you completed a required six (6) hour course in supervision? (Required every two (2) years.)

## **SECTION IX. FUNCTIONS**

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**Describe the specific psychological services to be rendered by the psychological assistant.**

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## **SECTION X. SUPERVISION**

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**Describe the supervision to be provided to the psychological assistant. (Supervisor must provide the psychological assistant a minimum of one (1) hour per week of direct individual, face-to-face supervision. Additional supervision may be required under section 1387, Title 16, of the California Code of Regulations in order for the experience to qualify for licensure.)**

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## SECTION XI. LEGAL ISSUES

Supervisor's Initials	Psych. Asst. Initials	<p><b>PLEASE READ EACH STATEMENT BELOW AND INDICATE THAT YOU UNDERSTAND BY PLACING YOUR INITIALS IN THE CORRESPONDING BOX.</b></p> <p><b><i>Both supervisor and psychological assistant must initial each statement</i></b></p>
		It is understood that supervisors of psychological assistants may not delegate any portion of individual supervision to anyone else.
		It is understood that the supervisor shall inform each client or patient prior to the rendering of the services by the psychological assistant that the assistant is unlicensed and is under the direction and supervision of the supervisor as an employee. The supervisor shall have access to the patient's chart in fulfilling his/her supervision duties. <i>Section 1391.6(b), Title 16, of the California Code of Regulations.</i>
		It is understood that the psychological assistant shall at all times and under all circumstances identify him/herself to clients as a psychological assistant to his/her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>Section 1396.4(b, Title 16,) of the California Code of Regulations.</i>
		It is understood that the supervisor is responsible for the assistant's compliance with the laws and the board's regulations. <i>Section 1391.6(a), Title 16, of the California Code of Regulations.</i>
		It is understood that every supervisor of a psychological assistant shall be responsible for supervising the psychological functions performed by the psychological assistant and ensuring that the extent, kind and quality of the psychological functions performed by the assistant are consistent with the supervisor's training and experience, and that the assistant complies with the provisions of the code, the board's regulations, and the standards established by the American Psychological Association. <i>Section 1391.6(a), Title 16, of the California Code of Regulations.</i>
		A psychological assistant shall be under the direction and supervision of a licensed psychologist or board-certified psychiatrist who is employed in the same setting in which the psychological assistant is employed. <i>Section 1391.5(a), Title 16, of the California Code of Regulations.</i>
		It is understood that no supervisor or employer of a psychological assistant may charge a fee or otherwise require monetary payment in consideration for the employment or supervision of a psychological assistant. <i>Section 1391.8(a), Title 16, of the California Code of Regulations.</i>
		It is understood that no psychological assistant may bill clients directly for any services rendered.
		It is understood that within thirty (30) days after the termination of the employment of a psychological assistant, the employer shall notify the board in writing of such termination. <i>Section 1391.11, Title 16, of the California Code of Regulations.</i>
		It is understood that it is inappropriate for psychological assistants to advertise their services. Any business card of a psychological assistant should include his/her name, the fact that he/she is a psychological assistant, his/her registration number, the name and license number of the supervisor and the location where services are provided.
		It is understood that all correspondence regarding the registration will be sent to the employer or supervisor's address of record. If this address changes, the employer or supervisor must notify the board in writing indicating both his/her license number and the psychological assistant's registration number (if the psychological assistant's address is to also be changed).

## SECTION XI. LEGAL ISSUES, continued

		It is understood that no psychological services may be provided by the psychological assistant prior to the approval of this application by the board. <i>Business and Professions Code section 2913.</i>
		It is understood that the supervisor shall provide a minimum of one (1) hour per week of individual face-to-face supervision to the psychological assistant. <i>Section 1391.5(b), Title 16, of the California Code of Regulations.</i>
		It is understood that the psychological assistant shall have no proprietary interest in the business of the employer or supervisor. <i>Section 1391.8(b), Title 16, of the California Code of Regulations.</i>
		It is understood that the registration of a psychological assistant expires on January 31 of each year and that the registration shall be renewed by the employer by that date. A psychological assistant whose registration has not been renewed shall not function as a psychological assistant. Registrations not renewed within 60 days of the expiration date become canceled and a new application must be submitted. It is also understood that psychological assistants may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>Section 1391.12, Title 16, of the California Code of Regulations.</i>
		It is understood that the psychological assistant shall not rent, lease, sublease or lease-purchase office space from the employer or the supervisor. <i>Section 1391.8(c), Title 16, of the California Code of Regulations.</i>
		It is understood that there is no familial and/or interpersonal relationship between the proposed supervisor and the psychological assistant pursuant to California Code of Regulations, Title 16, section 1387.1(l).

### NOTICE TO APPLICANT

**Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.**

## SECTION XII. SIGNATURES

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Employer (must be signed by Agency Representative if Supervisor is not the employer)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Supervisor (if different from employer)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Psychological Assistant*

\_\_\_\_\_  
*Date*